



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

OUTBREAKS OF INFLUENZA AND OTHER RESPIRATORY DISEASES: BEING READY IN HEALTH CARE SETTINGS

Concern about the next influenza pandemic has stimulated a plethora of plans, and considerable anxiety has been reflected in some circles. A pandemic is a widespread (worldwide) outbreak of a disease. Whether or not a pandemic of influenza occurs during the next several years, outbreaks of influenza and other communicable respiratory diseases are likely to occur. Disease control steps that will need to be taken in health care settings during a pandemic are largely the same steps needed during any outbreak of influenza (or several other respiratory diseases that are transmitted person-to-person by respiratory droplets or by contaminated environmental surfaces). This issue of *Montana Public Health* highlights disease control strategies that need to be in place every season of every year. (The tables referenced in this issue are available at website,¹

http://www.dphhs.mt.gov/PHSD/prevention_opps/MT-PH-prevent-opps-newsletters.shtml)

ROUTINE Screening and isolation procedures.

Procedures to identify and isolate any patient with a potentially contagious disease must be in place and followed whether or not there is a recognized outbreak or pandemic. Key goals for these protocols include:

- use clinical signs and symptoms to recognize potentially infectious patients at the time they arrive at the health care setting
- use isolation procedures and infection control practices to decrease the risk of disease transmission to staff and to other patients
- if a reportable disease is suspected, REPORT it to your health department and to other health care settings to which the patient is referred

More detailed recommendation, [Table 1](#) at website.¹

ROUTINE Promotion and monitoring of staff infection control practices.

Infection control procedures must be in place and monitored. Staff should receive at least annual training on these procedures. Key precautions to emphasize in these procedures include:

- Standard precautions (meticulous hand hygiene; when and how to wear gloves, masks, face protection)
- Contact precautions (when and how to place patients in rooms; use of dedicated equipment; disinfection procedures)
- Droplet precautions (use of surgical mask with potentially infectious patients and separating these patients from others)

- Airborne precautions (use of fit-tested N95 respirators; use of airborne infection isolation rooms)

More detailed recommendation, [Table 2](#) at website.¹

CONTINGENCY Plans for increased demand on staff and medical supplies.

During a large outbreak there may be a marked increase in the number of patients presenting at health care settings. Related to this there may be an increase in staff absenteeism and a decrease in medical supplies. Among the key areas to include in plans for surge capacity are:

- Maintain current emergency communication plan for your health care setting
- Anticipate needs and plan for supply of essential medical supplies
- Develop strategy for increased patient care capacity including uninterrupted care for patients with chronic illness and ongoing treatment needs

And, among the key items to include in plans for protecting employee health are:

- Provide non-punitive sick leave policy so ill staff or staff with ill-family members stay home
- Identify staff at increased risk for complications and plan for modification of work duties or administrative leave
- Plan for non-clinical staff to work from home when this is feasible
- Prepare security procedures to control access to your health care setting

More detailed recommendation, [Table 3](#) at website.¹

VACCINATE. If the potentially communicable disease is a vaccine-preventable one, vaccinate as many vaccine-eligible patients and staff as possible. In the event of an influenza outbreak, influenza vaccine should be provided to any persons not already vaccinated with the seasonal influenza vaccine for that year. (see *Montana Public Health*, October 2007 issue for the 2007-2008 recommendations)²

Also, pneumococcal vaccine should be provided to persons recommended to receive that vaccine.³

A subsequent issue of *Montana Public Health* will describe the current national guidelines with which DPHHS concurs for therapeutic, i.e., influenza antiviral medications, and preventive, i.e., vaccination, measures to use during pandemic influenza.

Recommendations for health care settings to be prepared for respiratory communicable disease outbreaks

- Establish and monitor screening and isolation procedures
- Establish, promote and monitor staff adherence to infection control procedures for staff
- Establish and keep current plans for surge capacity and employee health
- Vaccinate patients and staff to prevent vaccine-preventable disease

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References:

1. Text and tables available at http://www.dphhs.mt.gov/PHSD/prevention_opps/MT-PH-prevent-opps-newsletters.shtml
2. DPHHS, Influenza vaccine; Montanans, including health care workers...get vaccinated. *Montana Public Health* 2007; 2(10):1-2
3. CDC, Prevention of pneumococcal disease: recommendations from the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1997; 46(RR-08): 1-24.

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